

PTO/SB/97 (08-03)

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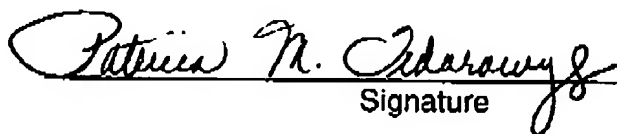
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ATTACHED - PETITION FOR ONE MONTH EXTENSION, PTO/SB/22,
in duplicate;

- RESPONSE TO OFFICE ACTION (7 pages);
- FEE TRANSMITTAL (PTO/SB/17), in duplicate.

CUSTOMER NO.: 24498
Serial No.: 10/813,973
Docket No.: PA030012
Art Unit: 2622
Examiner: Trang U. Tran

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET:12

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND

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FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **460.00**

Complete if Known

Application Number **10/813,973**
 Filing Date **March 31, 2004**
 First Named Inventor **Frank Dumont**
 Examiner Name **Trang U. Tran**
 Art Unit **2622**
 Attorney Docket No. **PA030012**

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METHOD OF PAYMENT (check all that apply)

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Deposit Account Name: **THOMSON LICENSING LLC**

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	180	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity
Fee (\$)

Each independent claim over 3 (including Reissues)

Fee (\$)

Multiple dependent claims

50

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

0

0

0

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

0

0

0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 =

/ 50 =

(round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): **FEE FOR TWO MONTH EXTENSION - \$460.00**

\$460.00

SUBMITTED BY

Name (Print/Type)

BRIAN J. CROMARTY

Registration No.
(Attorney/Agent)

L0027

Telephone

(609) 734-6804

Signature

July 31, 2008

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-6139 and select option 2.

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for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

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Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims - or HP = Extra Claims Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Independent Claims - or HP = Extra Claims Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fees Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): FEE FOR TWO MONTH EXTENSION - \$460.00

Fees Paid (\$)

\$460.00

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